

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10/820,992 FILED DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1		1	
2	1		1		1	
3	1		1		1	
4		3		3		3
5		3		3		3
6		3		3		3
7		3		3		3
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TOTAL IND.	3		3		3	
TOTAL DEP.	27		27		27	
TOTAL CLAIMS	30		30		30	

  

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